

The Rhode Island U.S.T. Review Board

VENDOR EXPENDITURE FORM

Please complete the following form per vendor. Type and be sure to complete all the information. All primary and subcontractor invoices must be attached. No lump sum invoices will be accepted. Also, please attach all vendor payment verification forms to the appropriate vendor expenditure form. Copy as needed.

Vendor Information

Vendor Name			
Contact Person			
Mailing Address	Street:		
	City:	State:	Zip:
	Phone# ()	Fax# ()	

Site Information

Site Name	Street:		
	City:	State:	
	Zip:	Latitude:	Longitude:
	Phone# ()	Fax# ()	

Invoice Information

Invoice #	Invoice Date	Purpose	\$ Amount Spent

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VENDOR EXPENDITURE (cont.)

Please use this sheet for additional invoices.

Invoice Information

[illegible]

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VERIFICATION OF PAYMENT(cont.)

Please use this sheet for additional verifications of payment.

Invoice Information

[illegible]

Certification for Verification of Payment

Signed under the pains and penalties of perjury on this _____ day of _____, _____.

Signature of Claimant

Signature of Contractor/Payee

Date Signed

Date Signed

Subscribed and sworn to before me on this

_____ day of _____, _____.

Typed Name of Contractor/Payee

Signature of Notary Public

Title

Subscribed and sworn to before me on
this day of _____, _____.

Signature of Notary